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If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

Form **8894**(December 2004)

Request to Revoke Partnership Level Tax Treatment Election

Department of the Treasury
Internal Revenue Service
For tax year I

Partnership name, address, and ZIP code

For tax year beginning ,20 and ending

OMB No. xxxx-xxxx

Employer identification number

.20

Revocation

We, the partners of the above named partnership, request permission to revoke the election to have the provisions of subchapter C of chapter 63 of the Internal Revenue Code apply with respect to this partnership. We understand that the revocation of this election will not become effective without IRS consent. All partners, who were partners at any time during the tax year shown above, have signed this form.

Partners' Signatures

All partners, who were partners at any time during the tax year shown above, must sign below.

Under penalties of perjury, I (we) declare that I was a partner during the taxable year as stated above and my signature confirms my agreement with the request for revocation. I (we) have examined this consent statement, and to the best of my (our) knowledge and belief, it is true, correct, and complete.

Signatures	Date